PROGRAM REVIEW & PLANNING
SUPPLIES, EQUIPMENT, FURNITURE, AND OTHER REQUESTS FORM

This form is to request supplies, furniture, equipment (under $10,000 and non-technology), and/or make other requests.

Supply: A material item of an expendable nature that is consumed, wears out, or deteriorates in use; or one that loses its identity through fabrication or incorporation into a different or more complex unit or substance.

Equipment: Tangible property with a purchase price of at least $200 and a useful life of more than one year.

Other: All non-operational requests and requests that do not fall under staffing, technology, or facilities requests are considered other requests. For department operational needs, please discuss with your Deans office.

The Resource and Operations Council uses the following criteria to rank all requests. The following criteria will be ranked on a scale of 1-5, with five being the highest score.

1. Health and safety
2. Critical need
3. Program expansion/innovation
4. Impact on student success and access
5. Equity and Antiracism

Contact Person:

Name	Email Address

Department:

Title of Request:

Location of Request:

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Type of Request:

_____ Supplies

_____ Equipment

_____ Furniture

_____ Other | Please specify the non-operational other request:
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Description of Request:

Please provide a description of the supplies, equipment, furniture or other request. When making your request, please be as specific as possible and include information such make, model, manufacturer, color, quantity, etc.

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Estimated Cost:

Please attach quote, if available.

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Total Cost of Ownership:

Your requested item may incur ongoing expenses. Please consider any and all costs associated with your requested item.

What are the ongoing expenses associated with your request? If there are ongoing expenses, please detail how you plan to support these costs with your existing budget. Examples include yearly service agreements, warranties, 5-year replacement costs, maintenance, upgrades, and impacts to staffing, etc.

Justification of Request:

Please select the criteria(s) and provide the details how this criteria(s) meet your request.

_____ Health and safety

_____ Critical need

_____ Program expansion   _____ Innovation

_____ Impact on student success and access   _____ Equity and Antiracism

The justification of the request is a key area to focus on. The ROC encourages you to strengthen your request by providing a robust rationale detailing all relevant criteria. When writing the rationale, keep in mind that those reviewing the justification may not be familiar with your department and needs. Providing detailed information and context can help clarify the need for your request.

Program Goals:

Please identify the program goal(s), as stated in your current annual or comprehensive program review, that this request would help your program achieve. Provide a brief explanation of how it would do so.